MetroPlan Orlando Conflict of Interest Statement RFP NO._____

STATE OF FLORIDA)	
COUNTY OF	
Before me, the undersigned authority, personally appear who was duly sworn, deposes, and states:	red, (affiant's name)
1. I am the(affiant's title)	Of(firm name)
with a local office in	(local office address)
and principal office in	(principal office address)

- 2. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his own knowledge.
- 3. The Affiant states that only one submittal for the above project is being submitted and that the above named entity has no financial interest in other entities submitting bids for the same project.
- 4. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.
- 5. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participating in contract lettings by any local, state, or federal agency.
- 6. Neither the entity, nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
- 7. I certify that no member of the entity's ownership, management, or staff has a vested interest in any aspect of MetroPlan Orlando.
- 8. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an official position with MetroPlan Orlando.

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9.	The following known business/family relationships exist between an employee of the above mentioned firm and a MetroPlan Orlando employee or board member. The relationships below are for informational purposes only and do not pose a conflict of interest based upon the statements above nor do the relationships violate Florida Statutes, Chapter 112, Part III, Code of Ethics for Public Officers and Employees, or the Internal Operating Procedures of MetroPlan Orlando.				
	Proposing Entities Employee Name	Employee's Title	Name of MetroPlan Employee or Board Member	Description of Relationship	

In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify MetroPlan Orlando in writing.

DATED this day of	, 20	
Printed Name of Affiant		
Signature of Affiant		
Title	-	
Sworn to and subscribed before me this	day of	, 20
Personally known	OR Produced identification	
Notary Public - State of	My commission expires:	

(Printed typed or stamped commissioned name of notary public)